

# **HOPWA Program Input Sessions Results**

**December 2007**



**Department of Housing and  
Community Development**

## **Purpose**

The purpose of the input session process was:

- To gather information from the state-funded *Housing Opportunities for Person with AIDS (HOPWA) Program* grantees on their programs, and
- To gather feedback on recent and proposed programmatic changes to the overall state-administered HOPWA program

## **Participants**

Input session participants were HOPWA grantees receiving 2007-08 allocations through the Department of Housing and Community Development (DHCD).

Thirteen participants representing ten of the thirteen grantees (or 77 percent) attended one of the two input sessions. Another four individuals provided their input through the online survey for a total of 17 participants.

## **Methods**

Data was gathered through in-person meetings (input sessions) held in:

- Roanoke on December 4, 2007
- Richmond on December 11, 2007

and through an on-line survey that mirrored questions asked during each session.

Participants that attended the in-person session were invited to provide additional information through the on-line survey and to forward the on-line survey and meeting presentation to other program staff that were unable to attend.

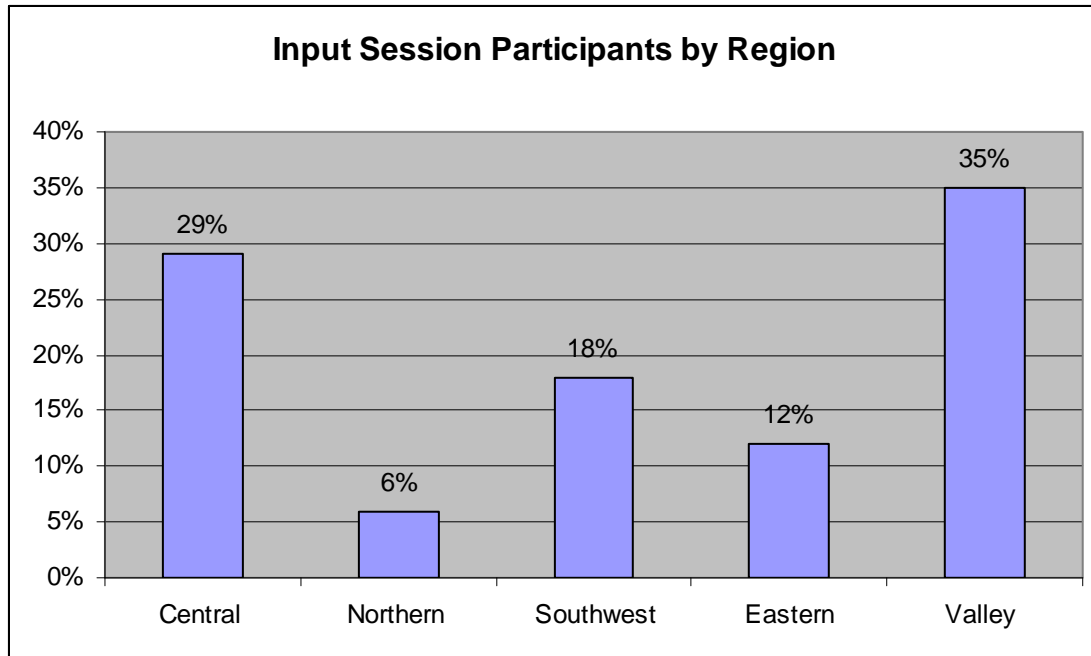
The in-person sessions utilized OptionTechnology, a real-time survey tool that allowed DHCD to collect input through specific questions during the meeting. Session participants were able to review and discuss the question results during the session. In addition, open-ended responses and other comments were recorded in writing.

Grantees had until close of business on December 21, 2007 to submit input through the online survey version.

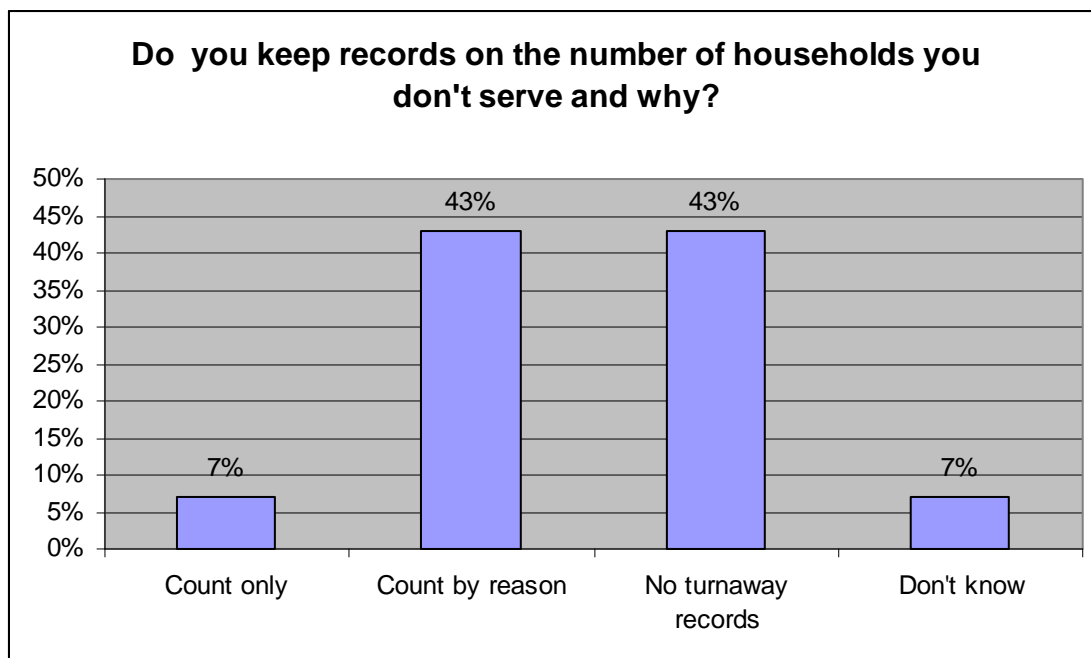
All input was analyzed. Summary results and trends are provided in this report for internal uses, as well as made available to the grantees.

## Summary of Findings

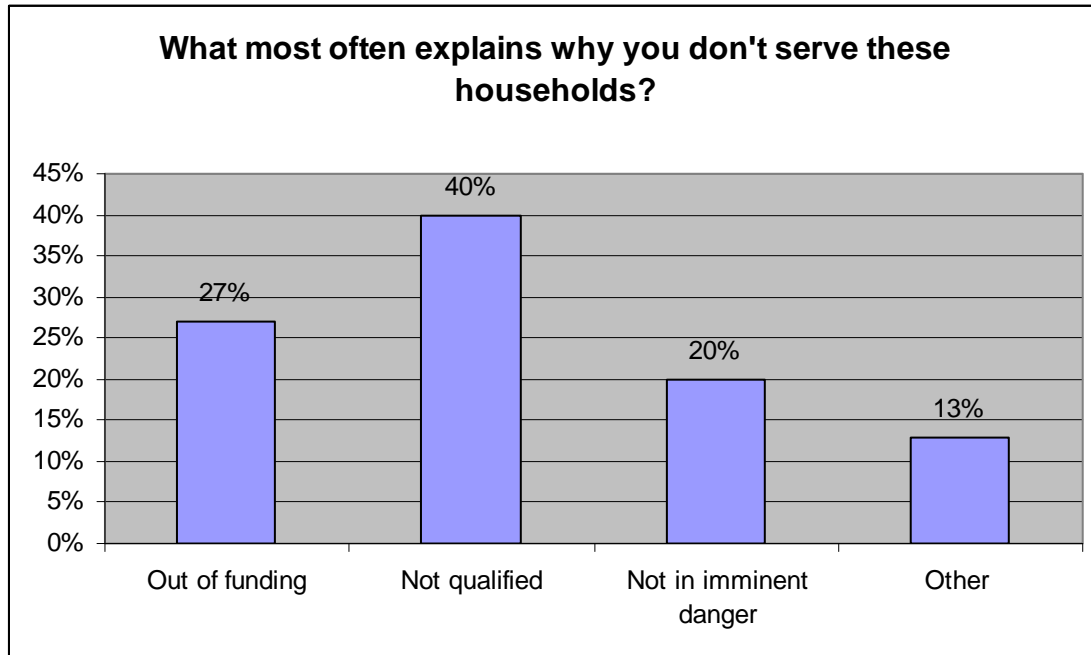
Most participants (64 percent) who provided input reported being from the Valley or Central Virginia.



Forty-three percent of participants reported that their program did not keep any records on the number of clients that they turned away. Another 43 percent said that they keep records on the number of households turned away by reason.



When asked what most often explained why a household was turned away, 40 percent of participants indicated that the household was not qualified. Another 27 percent selected the program being out of funding as the primary reason why a household was turned away.

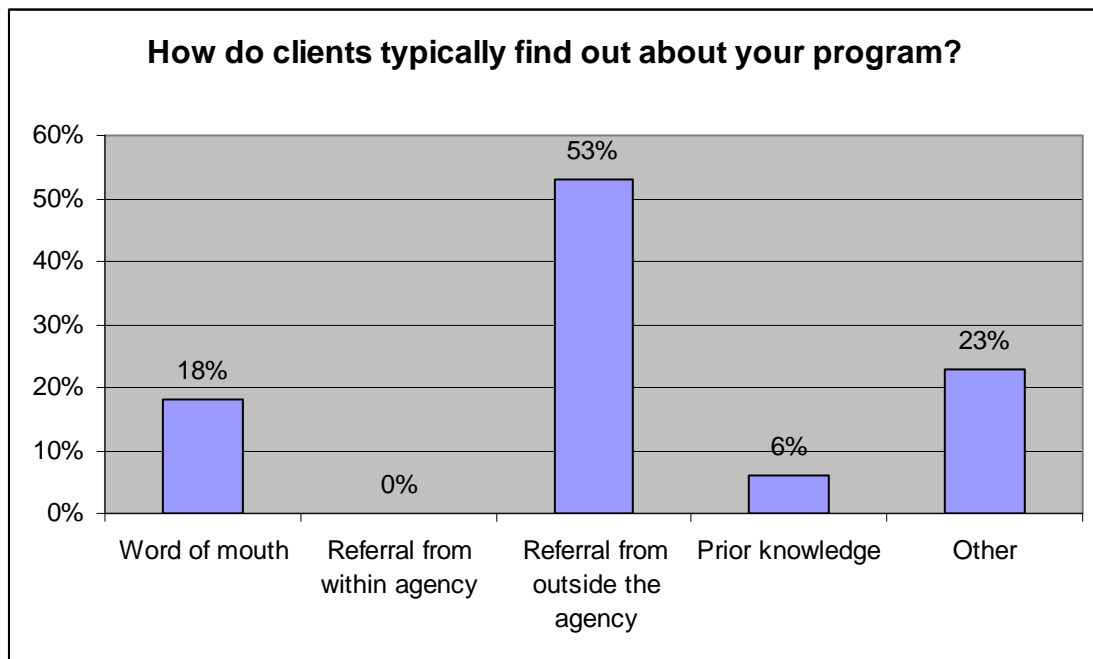


One participant that administers a facility-based program indicated “lack of bed space” as the primary reason why the program turned away potential clients.

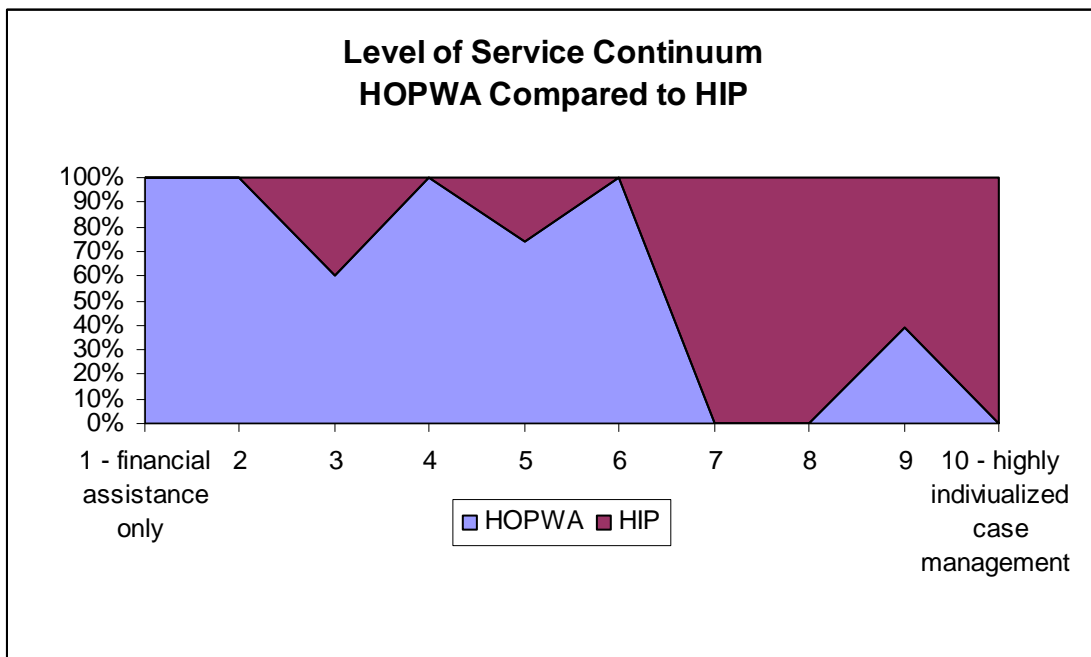
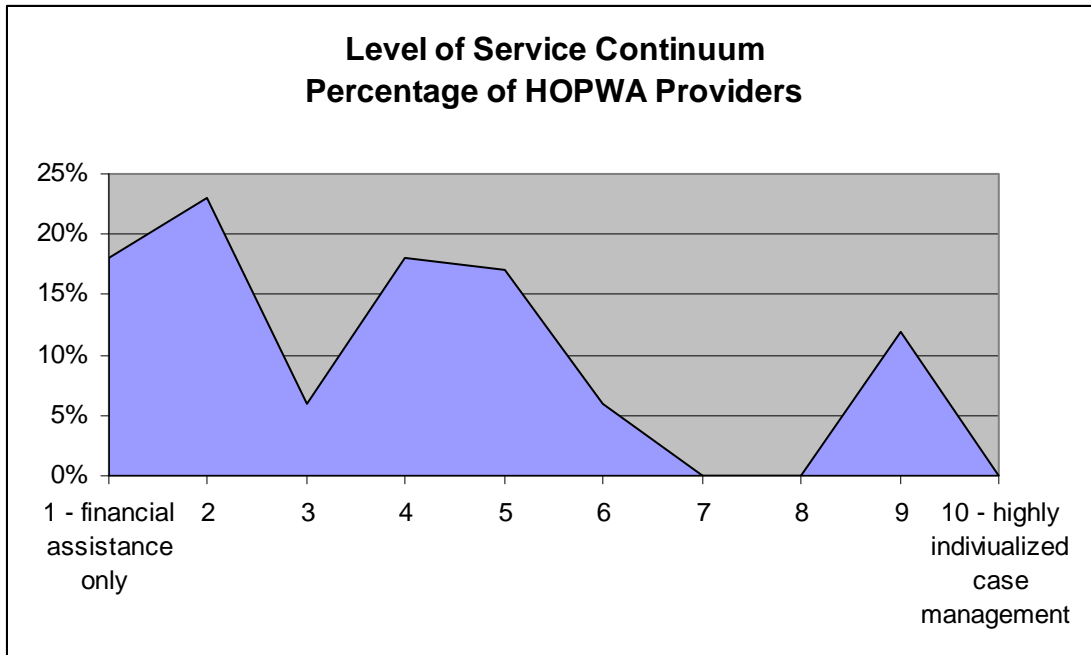
When asked to describe an eligible client, participants indicated that beyond meeting basic program eligibility requirements the client must also be under the care of a primary care physician and be able to provide the proper documentation of eligibility. Several input session participants noted difficulties related to potential clients being compliant with providing the needed information and documentation.

No participant indicated that clients typically found out about their program through a referral from within their agency. Most (53 percent) said that clients learned about their program through a referral from outside of their agency. Another 23 percent said “other,” which tended to be individuals saying that it was equally “all of these methods.”

As many as 35 percent of providers said that “none” of their clients were already working with their agency prior to receiving HOPWA housing assistance. On the other hand, many clients are reportedly repeat customers. Fifty percent of providers reported that more than half of their clients had received HOPWA assistance through the program at some point in the past.



Overall, HOPWA providers indicated providing relatively low levels of service beyond financial assistance. The average reported level of service was 3.82 on a ten-point scale (median, 4.0), where “one” is financial assistance only and “ten” is highly individualized case management. This average level of service is significantly lower than the HIP program, a homelessness prevention program that also provides significant housing assistance (financial) resources, where providers are reporting providing on average a level of service of 8.30 (median of 9.0) on a ten-point scale.



HOPWA providers tended to report that clients received housing assistance (70 percent) and other services (75 percent) for nine months or longer, however, note that a about half (53 percent) of providers indicated providing primarily tenant-based rental assistance (TBRA). This type of housing assistance is not time limited.

While most HOPWA providers reported being “very involved” with their local HIV/AIDS Consortium (81 percent), few providers reported participating in the

homeless information management system (HMIS) (13 percent). Additionally, only 31 percent of HOPWA providers reported having an outcome logic model for their program.

There were a number of training needs identified by participants. The top two training areas are:

- HOPWA policies, procedures, guidelines
- Data collection, reporting, and the Annual Performance Report (APR)

Participants were asked for feedback on possible changes:

- Outcome logic model requirement
- Competitive application process
- Require higher rate of housing assistance spending
- More overall program monitoring
- Require higher levels of coordination with other providers/services

Most participants noted a positive response to DHCD staff monitorings and to the input session opportunities. Some providers did note concerns related to a competitive application process and a logic model requirement. Overall, providers supported an increased emphasis on housing assistance and coordination with other non-HOPWA services.

One online survey response noted;

*Housing assistance should have always been the priority. –HOPWA provider*

All input sessions noted general improvement in DHCD program management, including expressing appreciation for the opportunity to provide input.

On core performance measures, providers rated DHCD lowest on “fair funding process,” “providing the information we need to run our programs,” and their “understanding of DHCD’s funding process.” These areas represent opportunities for significant improvement.

<b>DHCD Performance Measures</b> <i>As of July 1, 2007</i>	
<i>How strongly do you agree or disagree with the following statements?</i>	<i>Favorable Ratings “4” or “5”</i>
DHCD staff promptly returns emails and/or phone calls.	88%
The Department of Housing and Community Development (DHCD) provides great customer services.	50%
DHCD provides us the information we need in a timely manner.	40%
DHCD is focused on results.	36%
The DHCD funding processes are fair.	27%
DHCD provides us the information we need to run our program.	25%
I understand how DHCD makes funding decisions.	17%

### **Considerations**

Based on the HOPWA program input session results, DHCD should consider the following items:

- Review and address, as needed, program reporting requirements in general
- Assure effective communication of HOPWA program guidelines
- Identify needed training opportunities for HOPWA grantees
- Work toward more effective and efficient utilization of limited HOPWA resources
- Identify rural best practices related to the provision of housing assistance and addressing the needs of HOPWA clients who live in rural areas.
- Consider program modifications toward a more outcome-based focus



DHCD staff should review all program reporting requirements and processes to improve overall alignment of forms and processes with reporting requirements and improve where possible focusing on ease, efficiency, and data quality.

DHCD staff should review program guidelines and consider methods for improving HOPWA provider's abilities to effectively access and utilize this resource.

DHCD should assure that HOPWA training opportunities are consistently communicated to providers. If possible, identify opportunities specifically related to HOPWA policies, procedures, data collection, and reporting. DHCD should consider providing training materials and/or opportunities specific to the DHCD HOPWA program.

Based on input session feedback, most HOPWA providers appear to operating relatively independent from other mainstream resources and may be struggling to effectively leverage this limited resource. Consider methods for encouraging the use of mainstream resources where possible and the more efficient utilization of HOPWA resources where needed. Review HOPWA provider agency data to identify initial areas for possible improvement. In addition, DHCD should consider an application component that specifically asks providers to identify service area needs and gaps. This should include identifying other resources and a specific plan for effectively utilizing these for their client population.

DHCD should conduct a review of rural best practices to be shared with rural providers operating within the state of Virginia. Efforts should be made to identify practices occurring within the state of Virginia and any research-based practices that would provide guidance to housing providers operating in rural Virginia.

Some providers already have outcome logic models. DHCD should review current practices to determine next steps toward instituting a more outcome-based program strategy. Consider phasing in outcome logic models.

## Open-Ended Responses

*This includes all open-ended responses from each Shelter Programs' input sessions and from each survey completed online.*

What best describes why you don't serve these households (other – response)?

Lack of available space

Please describe an eligible client for the HOPWA program.

Financially eligible, completed paperwork, FMR eligible, and landlord compliance

Someone who is HIV+ and meets the income eligibility

Anyone who meets eligibility standards set forth in the HOPWA Guidelines and has proof thereof

Income eligible

Individual has proof of residency (lease/utility bill)

They need housing assistance

They must have a cooperative landlord

The person needs to be involved with a primary care physician

The individual must be able to provide the proper paperwork and documentation

How do clients typically find out about your program (other – response)?

Referral from their case manager

A combination of all of the above

All of the above

How is the housing assistance typically structured (other – responses)?

We provide facility-based housing

We do equally TBRA and STRMU

Depends on the person

What other types of services providers do you coordinate with most frequently?  
(Duplicated responses removed)

Medical services

DSS

Mental health providers

Substance abuse services

The Community Services Board (CSB)

Housing Authority

Ryan White coordinator

Food bank

Homeless Intervention Program (HIP)

Hospices

Shelters

Churches

Transportation services

Virginia Cares (Ex-offenders program)

Section 8 Housing

ID clinic

Please briefly discuss the other programs that your agency provides. (Duplicated responses removed)

Ryan White

SAMSA

HIP

## Section Eight

Down Payment Assistance

Indoor Plumbing Rehab Program

Outreach

Testing

Supportive Housing

Substance abuse prevention

Supportive services/ medical case management

Ryan White Services and food assistance

Please discuss any training needs that your program has that would help improve overall management of the programs.

Marketing

Outreach to rural areas

HOPWA program guidelines

Financial management

APR (annual performance report)

Training online would be helpful

How to do housing inspections

How do we collect the information that we need to report?

More guidance on how to use HOPWA funds

How to build a strong working Continuum of Care in your community

HMIS

Comprehensive "HOPWA for Dummies"

Data collection and analysis and housing case management

Ascertaining other resources to provide in addition to HOPWA to help with program needs and growth

#### Additional Suggestions or Comments

We need a tool that will help collect data that we need to report on the APR

The HOPWA grantees need technical assistance about where to find other funding sources

DHCD should help market HOPWA in rural areas

Best practices

Help create a tool for data collection

More on line education programs for those who cannot travel due to i.e. being in school and having to work around schedules as well

#### Recent Program Changes (feedback)

Housing assistance should have always been the priority

Self explanatory

We need to understand the program guidelines better

The quarterly reporting is not aligned with the APR

Form changes are good

It is good that DHCD is coming out here to see us

#### Proposed Program Changes (feedback)

Worried about the competitive application process and will need training on the Outcome Logic Model before implementing it

Need to be sent what an outcome logic model is and how it works

Good that DHCD staff are doing the input sessions

We need information about where to and how to access of resources for our HOPWA clients